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Deliver to: Jamal A. Fox, USPTO Art Group: 2664
 Facsimile No.: 703 872-9306 Date: October 13, 2004
 From: James Henry, Reg. No. 41,064
 Our Docket No.: 81862P182 Number of pages 5 including this sheet.
 Application No.: 09/728,881 Filing Date: 12/1/2000
 Docket Due Date(s): _____

Enclosed are the following documents:

<input type="checkbox"/> Amendment: _____ (____ pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (in triplicate) (____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (____ pgs) w/cover & abstract	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input checked="" type="checkbox"/> Other <u>Change of Correspondence Address</u>	<input checked="" type="checkbox"/> Transmittal Letter

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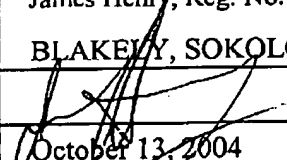
Pat Sullivan 10/13/2004
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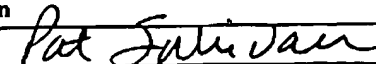
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	09/728,881	
	Filing Date	December 1, 2000	
	First Named Inventor	Steven Man Pak Yip	
	Art Unit	2664	
	Examiner Name	Jamal A. Fox	
Total Number of Pages in This Submission	5	Attorney Docket Number	81862P182

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Change of Correspondence Address; Facsimile Transmittal Sheet</div>

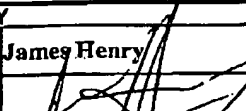
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELEY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 13, 2004

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Based on PTO/SB/21 (04-04) as modified by Blakeley, Sokoloff, Taylor & Zafman (w/r) 09/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004		Complete If Known	
Effective 01/01/2004. Patent fees are subject to annual revision.		Application Number	09/728,881
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 1, 2000
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Steven Man Pak Yip
		Examiner Name	Jamal A. Fox
		Art Unit	2664
		Attorney Docket No.	81862P182

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		3. ADDITIONAL FEES	
Deposit Account Number: 02-2666		Large Entity Small Entity	
Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP		Fee Code Fee (\$)	
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 790 2001 395 Utility filing fee			
1002 350 2002 175 Design filing fee			
1003 550 2003 275 Plant filing fee			
1004 790 2004 395 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES			
Total Claims: 22			
Independent Claims: 4			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 44 Independent claims in excess of 3			
1203 300 2203 150 Multiple Dependent claim, if not paid			
1204 88 2204 44 **Reissue independent claims over original patent			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
*or number previously paid, if greater. For Reissues, see below			
SUBTOTAL (3) (\$)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	
		Date	10/13/04

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WLR 5/1/2003

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		Filing Date	December 1, 2000	
		First Named Inventor	Steven Man Pak Yip	
		Group Art Unit	2664	
		Examiner Name	Jamal A. Fox	
		Attorney Docket Number	81862P182	

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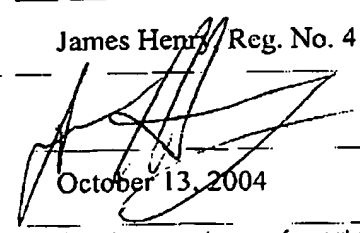
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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney or Agent of record. Registration Number 41,064.

Typed or Printed Name	James Henry / Reg. No. 41,064
Signature	
Date	October 13, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ Total of _____ forms are submitted.

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